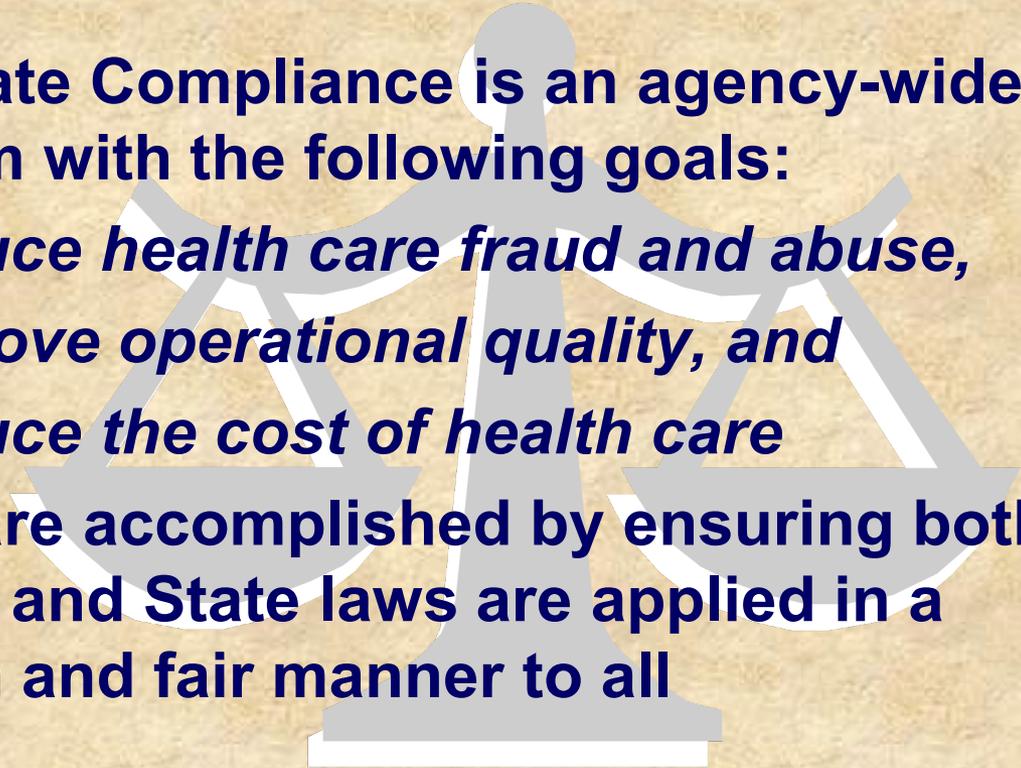


# ***Corporate Compliance***

# What is a “Corporate Compliance Program”?

- **Corporate Compliance** is an agency-wide program with the following goals:
  - *Reduce health care fraud and abuse,*
  - *Improve operational quality, and*
  - *Reduce the cost of health care*
- These are accomplished by ensuring both Federal and State laws are applied in a uniform and fair manner to all



# Overview of Corporate Compliance



# Corporate Compliance Program

- What is Corporate Compliance?
  - A nationwide effort to prevent fraud, abuse, and waste in healthcare programs **while still providing quality care to patients**
    - special focus on programs funded by Medicare and Medicaid
- ***We all are part of the Compliance effort!***



# Why Have a Corporate Compliance Program?

- Health care fraud and abuse cost the health care industry
- Public trust must be maintained by the integrity and honesty of the people involved in providing health care services



# How are Employees Affected?

- As employees, we will achieve our Corporate Compliance goals by:
  - Performing all activities in compliance with pertinent laws and regulations
  - Operating with -- and promoting -- high standards of business ethics and integrity
  - Not engaging in activities intended to defraud
  - Performing all duties accurately and honestly
  - Maintaining appropriate levels of confidentiality

# Employees Must:

- Conduct business with suppliers, vendors, contractors and others free from offers or solicitations of improper inducements, such as gifts or favors
- Avoid conflicts of interest, in appearance or fact
- If conflicts occur, promptly notify appropriate authorities
- Protect the agency's assets through:
  - prudent, effective use of resources and property
  - accurate financial reporting

# How Will We Achieve Compliance?

- Becoming educated on compliance issues and factors -- and today's program is just the beginning!
- Working "smart" and staying aware of potential "risk areas"
- Reporting incidents
- Auditing and monitoring
- Investigating suspected violations
- Reporting to the Corporate Compliance Officer

# Senior Leadership

- The Compliance Officer manages the Corporate Compliance Program.
  - Oversees compliance program education and enforcement
  - Investigates reports of possible violations
  - Initiates policy changes to prevent similar violations in the future
- The Corporate Compliance Committee is the Compliance Officer's front line team



# Confidentiality in Incident Reporting and Investigation

- Your agency is committed to maintaining the confidentiality of all Corporate Compliance reports and records
  - Personnel actions are generally not subject to public review
  - There are limited circumstances where the public has a right to know

# Legal Foundations and Code of Conduct



# Corporate Compliance Defined

- Corporate Compliance Program is our program for **reducing fraud and abuse, improving operational quality**, and **reducing costs** of health care
- We all must abide by the Program's **Code of Conduct**
  - Written standards of conduct that, if followed, will help us comply with all Federal and State standards
  - The Code emphasizes prevention of fraud and abuse regarding billing practices

# Legal Foundations

- Our Corporate Compliance Program is rooted in the following Laws:
  - The Social Security Act
  - The False Claims Act
  - The Patient Anti-dumping statutes
  - The laws pertaining to the provision of medically necessary items and services
  - The Federal Anti-Referral/Anti-Kickback Laws
  - The Health Insurance Portability and Accountability Act

# Federal Sanctions

- Individual providers who violate the applicable laws may be excluded from participating in the Medicare and Medicaid programs or may receive civil or criminal sanctions
- Individuals charged with a criminal offense relating to health care fraud may not be involved in coding, billing or documentation activities until resolution of the charges
  - They may be transferred or placed on leave
  - If convicted, they
    - *are ineligible for participation in federally-funded health care programs*

# Code of Conduct

- The Code of Conduct Summarizes the Corporate Compliance Program and specifies management and employee obligations
- All employees will sign the Code of Conduct Acknowledgement Statement which states they have received and agree to read the Code of Conduct
  - Signed Statements are kept in Personnel File
  - Medical staff must also acknowledge that they have not been excluded from participation in any governmental health program

# Impact on Employees

- It can be a criminal offense to make false statements relating to health care matters or to commit health care fraud
- We must use our professional judgment and knowledge of the laws, statutes, and regulations to make responsible decisions

***Ignorance is no excuse for non-compliance!***



# Impact on Employees: Conflicts of Interest

- A Conflict of Interest is a situation where there is a conflict between one's private interests and one's official or professional responsibilities
  - *Can occur when one's financial or personal obligations/desires compete with the interests of employers, patients or clients*
- The *Appearance* of a Conflict of Interest occurs when a situation arises that may give someone else the impression that a Conflict exists
- Staff are expected to avoid both actual Conflicts of Interest and the Appearance of a Conflict

# Probable Risk Areas

- There are several known risk areas that we should avoid
- Other situations may arise where there is an appearance of a conflict of interest
  - While these situations may not be subject to criminal or civil penalties, they could bring unnecessary and counterproductive attention to our agency
  - ***Good judgment is essential!***



# Probable Risk Areas

- Assumption coding
- Expense Vouchers
- Internal coding practices
- Coding without proper documentation of all physician services
- Procurement and Contracts
- Duplicate Billing
- Billing for items or services not actually rendered
- Inappropriate balance billing
- Time Sheets
- Knowing misuse of provider identification numbers resulting in improper billing
- Billing for services provided by unqualified or unlicensed clinical personnel
- Alteration of documentation
- Employment of sanctioned individuals
- False cost reports and credit balances
- Lack of integrity in computer systems
- Providing medically unnecessary services
- Discounts and professional courtesy
- Failure to maintain the confidentiality of information/medical records
- Kickbacks

# Employee Obligations Under the Code of Conduct



# Required Employee Actions Under the Code of Conduct

- Be aware of, and adhere to Federal and State laws as they pertain to the execution of your job responsibilities
- Seek guidance when you have questions
- Do not submit inaccurate, false, fictitious or fraudulent claims
- Report activities that may violate applicable laws and regulations
- Make no false or misleading reports
- Cooperate with training and investigation efforts

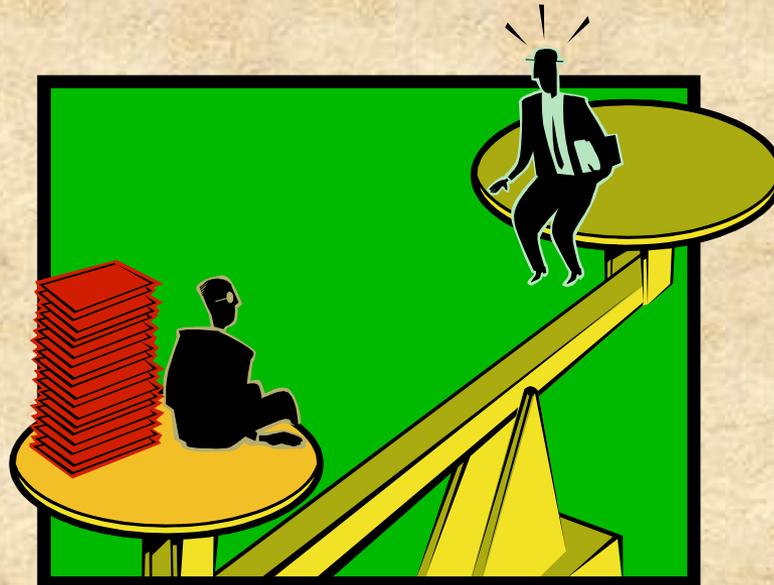
# Program Integrity

- The Corporate Compliance Program requires the support of every employee
  - It is our responsibility
  - It may require culture changes
    - *New ways of thinking*
    - *New ways of responding*
- Front line employees are in the best position to identify fraud and abuse



# Employee Obligations

*The best way to maintain compliance:  
Stand committed to meeting and  
demonstrating the highest  
ethical and legal standards*



# Summary of Key Corporate Compliance Elements

- What can we do now?
  - Become familiar with the Corporate Compliance Program
  - Sign the Code of Conduct Acknowledgement Statement
  - Report any suspected violations to the appropriate authorities
  - Know that compliance oversight will be an important part of supervisors' responsibilities
  - Do the “right thing!”